

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING DY & DATE: DY6, 3/2/11

Total Payment Amount

This table sums the eligible incentive funding amounts. Please see the following pages for the specifics.
Instructions for DPH systems: Please complete the following pages. This page will automatically populate.

Category 1 Projects - Incentive Funding Amounts	
Expand Primary Care Capacity	
Increase Training of Primary Care Workforce	\$ 8,358,450.00
Implement and Utilize Disease Management Registry Functionality	
Enhance Interpretation Services and Culturally Competent Care	
Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities	
Enhance Urgent Medical Advice	
Introduce Telemedicine	
Enhance Coding and Documentation for Quality Data	
Develop Risk Stratification Capabilities/Functionalities	
Expand Capacity to Provide Specialty Care Access in the Primary Care Setting	
Expand Specialty Care Capacity	\$ 8,358,450.00
Enhance Performance Improvement and Reporting Capacity	
TOTAL CATEGORY 1 INCENTIVE PAYMENT:	\$ 16,716,900.00
Category 2 Projects	
Expand Medical Homes	\$ 8,812,500.00
Expand Chronic Care Management Models	
Redesign Primary Care	
Redesign to Improve Patient Experience	
Redesign for Cost Containment	
Integrate Physical and Behavioral Health Care	
Increase Specialty Care Access/Redesign Referral Process	
Establish/Expand a Patient Care Navigation Program	
Apply Process Improvement Methodology to Improve Quality/Efficiency	
Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation	
Use Palliative Care Programs	
Conduct Medication Management	\$ 2,996,250.00
Implement/Expand Care Transitions Programs	\$ 5,816,250.00
Implement Real-Time Hospital-Acquired Infections (HAIs) System	
TOTAL CATEGORY 2 INCENTIVE PAYMENT:	\$ 17,625,000.00
Category 3 Domains	
N/A	\$ -
Category 4 Interventions	
Severe Sepsis Detection and Management (<i>required</i>)	\$ 789,525.00
Central Line Associated Blood Stream Infection Prevention (<i>required</i>)	\$ 789,525.00
Surgical Site Infection Prevention	\$ 789,525.00
Hospital-Acquired Pressure Ulcer Prevention	\$ 789,525.00
Stroke Management	
Venous Thromboembolism (VTE) Prevention and Treatment	
Falls with Injury Prevention	
TOTAL CATEGORY 4 INCENTIVE PAYMENT:	\$ 3,158,100.00
TOTAL INCENTIVE PAYMENT	\$ 37,500,000.00

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING DY & DATE: DY6, 3/2/11

Category 1 Summary Page

* Instructions for DPH systems: Please complete the following pages. This page will automatically populate.

This table is the summary of data reported for the DPH system. Please see the following pages for the specifics.

- ☐ The black boxes indicate Milestone achievements, either "yes/no", or the actual achievement # or %.
- ☐ The blue boxes show progress made toward the Milestone ("Achievement Value") of 1.0, 0.75, 0.5, 0.25 or 0.
- ☐ The red boxes indicate Total Sums.

Category 1 Projects

Expand Primary Care Capacity

Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
DY Total Computable Incentive Amount:	\$ -
Total Sum of Achievement Values:	-
Total Number of Milestones:	-
Achievement Value Percentage:	
Eligible Incentive Funding Amount:	
Incentive Funding Already Received in DY:	\$ -
<u>Incentive Payment Amount:</u>	

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Increase Training of Primary Care Workforce

Process Milestone: Develop International Medical Graduate Program

Yes

Achievement Value

1.00

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ 8,358,450.00

Total Sum of Achievement Values:

1.00

Total Number of Milestones:

1.00

Achievement Value Percentage:

100%

Eligible Incentive Funding Amount:

\$ 8,358,450.00

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

\$ 8,358,450.00

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Implement and Utilize Disease Management Registry Functionality

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Enhance Interpretation Services and Culturally Competent Care

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Enhance Urgent Medical Advice

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Introduce Telemedicine

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Enhance Coding and Documentation for Quality Data

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Develop Risk Stratification Capabilities/Functionalities

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Expand Capacity to Provide Specialty Care Access in the Primary Care Setting

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Expand Specialty Care Capacity

Process Milestone: Develop a specialty care access plan

Yes

Achievement Value

1.00

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ 8,358,450.00

Total Sum of Achievement Values:

1.00

Total Number of Milestones:

1.00

Achievement Value Percentage:

100%

Eligible Incentive Funding Amount:

\$ 8,358,450.00

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

\$ 8,358,450.00

DSRIP Semi-Annual Reporting Form

Category 1 Summary Page

Enhance Performance Improvement and Reporting Capacity

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING DY & DATE: DY6, 3/2/11

Category 2 Summary Page

* Instructions for DPH systems: Please complete the following pages. This page will automatically populate.

This table is the summary of data reported for the DPH system. Please see the following pages for the specifics.

- ☐ The black boxes indicate Milestone achievements, either "yes/no", or the actual achievement # or %.
- ☐ The blue boxes show progress made toward the Milestone ("Achievement Value") of 1.0, 0.75, 0.5, 0.25 or 0.
- ☐ The red boxes indicate Total Sums.

Category 2 Projects

Expand Medical Homes

Process Milestone: Establish policies and procedures to enhance pediatric & adult pt access to medical home	Yes
Achievement Value	1.00
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
DY Total Computable Incentive Amount:	\$ 8,812,500.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 8,812,500.00
Incentive Funding Already Received in DY:	\$ -
Incentive Payment Amount:	\$ 8,812,500.00

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Expand Chronic Care Management Models

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Redesign Primary Care

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Redesign to Improve Patient Experience

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Redesign for Cost Containment

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Integrate Physical and Behavioral Health Care

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Increase Specialty Care Access/Redesign Referral Process

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Establish/Expand a Patient Care Navigation Program

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Apply Process Improvement Methodology to Improve Quality/Efficiency

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Use Palliative Care Programs

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Conduct Medication Management

Process Milestone: Develop written medication management program for patients with diabetes

Yes

Achievement Value

1.00

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ 2,996,250.00

Total Sum of Achievement Values:

1.00

Total Number of Milestones:

1.00

Achievement Value Percentage:

100%

Eligible Incentive Funding Amount:

\$ 2,996,250.00

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

\$ 2,996,250.00

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Implement/Expand Care Transitions Programs

Process Milestone: Develop protocols for heart failure to communicate with pts during- and post-discharge	Yes
Achievement Value	1.00
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Process Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
Improvement Milestone: _____	N/A
Achievement Value	
DY Total Computable Incentive Amount:	\$ 5,816,250.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 5,816,250.00
Incentive Funding Already Received in DY:	\$ -
<u>Incentive Payment Amount:</u>	\$ 5,816,250.00

DSRIP Semi-Annual Reporting Form

Category 2 Summary Page

Implement Real-Time Hospital-Acquired Infections (HAIs) System

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Process Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

Improvement Milestone: _____

N/A

Achievement Value

DY Total Computable Incentive Amount:

\$ -

Total Sum of Achievement Values:

-

Total Number of Milestones:

-

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

\$ -

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING DY & DATE: DY6, 3/2/11

[Category 3 Summary Page](#)

Category 3 Domains

N/A

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING DY & DATE: DY6, 3/2/11

Category 4 Summary Page

* Instructions for DPH systems: Please complete the following pages. This page will automatically populate.

This table is the summary of data reported for the DPH system. Please see the following pages for the specifics.

- ☐ The black boxes indicate Milestone achievements, either "yes/no", or the actual achievement # or %.
- ☐ The blue boxes show progress made toward the Milestone ("Achievement Value") of 1.0, 0.75, 0.5, 0.25 or 0.
- ☐ The red boxes indicate Total Sums.

Category 4 Interventions

Severe Sepsis Detection and Management (required)

Compliance with Sepsis Resuscitation bundle (%)	
Achievement Value	
Sepsis Mortality (%)	
Achievement Value	
Optional Milestone: Develop baseline data on sepsis incidence and mortality	Yes
Achievement Value	1.00
Optional Milestone: _____	N/A
Achievement Value	
Optional Milestone: _____	N/A
Achievement Value	
Optional Milestone: _____	N/A
Achievement Value	
Optional Milestone: _____	N/A
Achievement Value	
Optional Milestone: _____	N/A
Achievement Value	
DY Total Computable Incentive Amount:	\$ 789,525.00
Total Sum of Achievement Values:	1.00
Total Number of Milestones:	1.00
Achievement Value Percentage:	100%
Eligible Incentive Funding Amount:	\$ 789,525.00
Incentive Funding Already Received in DY:	\$ -
Incentive Payment Amount:	\$ 789,525.00

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

Central Line Associated Blood Stream Infection Prevention *(required)*

Compliance with Central Line Insertion Practices (CLIP) (%)

Achievement Value

Central Line Bloodstream Infection (Rate per 1,000 discharges)

Achievement Value

Optional Milestone: Produce baseline data for central line sepsis rates for all involved ICUs

Achievement Value

Optional Milestone: _____

Achievement Value

Optional Milestone: _____

Achievement Value

Optional Milestone: _____

Achievement Value

Optional Milestone: _____

Achievement Value

Optional Milestone: _____

Achievement Value

DY Total Computable Incentive Amount:

Total Sum of Achievement Values:

Total Number of Milestones:

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

Surgical Site Infection Prevention

Rate of surgical site infection for Class 1 and 2 wounds (%)

Achievement Value

Optional Milestone: Develop comprehensive surgical site infection prevention plan.

Achievement Value

Optional Milestone: _____

Achievement Value

Optional Milestone: _____

Achievement Value

Optional Milestone: _____

Achievement Value

Optional Milestone: _____

Achievement Value

Optional Milestone: _____

Achievement Value

DY Total Computable Incentive Amount:

Total Sum of Achievement Values:

Total Number of Milestones:

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

Hospital-Acquired Pressure Ulcer Prevention

Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)

Achievement Value

Optional Milestone: Develop baseline data by measuring pressure ulcer prevalence.

Achievement Value

Optional Milestone: _____

Achievement Value

Optional Milestone: _____

Achievement Value

Optional Milestone: _____

Achievement Value

Optional Milestone: _____

Achievement Value

Optional Milestone: _____

Achievement Value

DY Total Computable Incentive Amount:

Total Sum of Achievement Values:

Total Number of Milestones:

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

Incentive Payment Amount:

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

Stroke Management

Discharged on Antithrombotic Therapy	<input type="text"/>
Achievement Value	<input type="text"/>
Anticoagulation Therapy for Atrial Fibrillation/Flutter	<input type="text"/>
Achievement Value	<input type="text"/>
Thrombolytic Therapy	<input type="text"/>
Achievement Value	<input type="text"/>
Antithrombotic Therapy by End of Hospital Day 2	<input type="text"/>
Achievement Value	<input type="text"/>
Discharged on Statin Medication	<input type="text"/>
Achievement Value	<input type="text"/>
Stroke Education	<input type="text"/>
Achievement Value	<input type="text"/>
Assessed for Rehabilitation	<input type="text"/>
Achievement Value	<input type="text"/>
Stroke mortality rate	<input type="text"/>
Achievement Value	<input type="text"/>
Optional Milestone: _____	<input type="text" value="N/A"/>
Achievement Value	<input type="text"/>
Optional Milestone: _____	<input type="text" value="N/A"/>
Achievement Value	<input type="text"/>
Optional Milestone: _____	<input type="text" value="N/A"/>
Achievement Value	<input type="text"/>
Optional Milestone: _____	<input type="text" value="N/A"/>
Achievement Value	<input type="text"/>
Optional Milestone: _____	<input type="text" value="N/A"/>
Achievement Value	<input type="text"/>
Optional Milestone: _____	<input type="text" value="N/A"/>
Achievement Value	<input type="text"/>
DY Total Computable Incentive Amount:	<input type="text" value="\$ -"/>
Total Sum of Achievement Values:	<input type="text" value="-"/>
Total Number of Milestones:	<input type="text" value="-"/>
Achievement Value Percentage:	<input type="text"/>
Eligible Incentive Funding Amount:	<input type="text"/>
Incentive Funding Already Received in DY:	<input type="text" value="\$ -"/>
<u>Incentive Payment Amount:</u>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

Venous Thromboembolism (VTE) Prevention and Treatment

VTE Prophylaxis (%)	<input type="text"/>
<i>Achievement Value</i>	<input type="text"/>
Intensive care unit VTE prophylaxis (%)	<input type="text"/>
<i>Achievement Value</i>	<input type="text"/>
VTE patients with anticoagulation overlap therapy (%)	<input type="text"/>
<i>Achievement Value</i>	<input type="text"/>
VTE patients receiving unfractionated heparin with dosages/platelet count monitoring (%)	<input type="text"/>
<i>Achievement Value</i>	<input type="text"/>
VTE discharge instructions (%)	<input type="text"/>
<i>Achievement Value</i>	<input type="text"/>
Incidence of potentially preventable VTE (%)	<input type="text"/>
<i>Achievement Value</i>	<input type="text"/>
Optional Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Optional Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Optional Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Optional Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Optional Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
Optional Milestone: _____	<input type="text" value="N/A"/>
<i>Achievement Value</i>	<input type="text"/>
DY Total Computable Incentive Amount:	<input type="text" value="\$ -"/>
Total Sum of Achievement Values:	<input type="text" value="-"/>
Total Number of Milestones:	<input type="text" value="-"/>
Achievement Value Percentage:	<input type="text"/>
Eligible Incentive Funding Amount:	<input type="text"/>
Incentive Funding Already Received in DY:	<input type="text" value="\$ -"/>
<u>Incentive Payment Amount:</u>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Category 4 Summary Page

Falls with Injury Prevention

Prevalence of patient falls with injuries (Rate per 1,000 patient days)

Achievement Value

Optional Milestone: _____

Achievement Value

Optional Milestone: _____

Achievement Value

Optional Milestone: _____

Achievement Value

Optional Milestone: _____

Achievement Value

Optional Milestone: _____

Achievement Value

Optional Milestone: _____

Achievement Value

DY Total Computable Incentive Amount:

Total Sum of Achievement Values:

Total Number of Milestones:

Achievement Value Percentage:

Eligible Incentive Funding Amount:

Incentive Funding Already Received in DY:

Incentive Payment Amount:




DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING DY & DATE: DY6, 3/2/11

Increase Training of Primary Care Workforce

- *  The yellow boxes indicate where the DPH system should input data
-  The black boxes indicate Milestones and will automatically populate and flow to summary sheets
-  The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Increase Training of Primary Care Workforce	
DY Total Computable Incentive Amount:	* \$ 8,358,450.00
Incentive Funding Already Received in DY:	* \$ -
Process Milestone: Develop International Medical Graduate Program <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	Yes
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
<div style="border: 1px solid black; padding: 5px; min-height: 60px;">This program has established processes to help bilingual English/Spanish IMGs pass the USMLE Step 1, USMLE Step 2 CK, USMLE Step 2 CS, and compete for a CA Family Residency training program intern position. The program Advisory Committee reviews initial applications and notifies applicants if they have been selected to complete a secondary application. Once the Committee has reviewed part 2 of the application, each applicant receives notification of the panel's decision. The curriculum is comprised of three sequential programs: Basic Science, Clinical Science, and Clinical Observorship.</div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
<i>Achievement Value</i>	1.00
Process Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
<div style="border: 1px solid black; height: 60px;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*
<i>Achievement Value</i>	

DSRIP Semi-Annual Reporting Form

Increase Training of Primary Care Workforce

Process Milestone: _____ (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Process Milestone: _____ (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Process Milestone: _____ (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Increase Training of Primary Care Workforce

Improvement Milestone: _____ (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Improvement Milestone: _____ (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Improvement Milestone: _____ (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Increase Training of Primary Care Workforce

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

*

Denominator (if absolute number, enter "1")

*

Achievement

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

*

Achievement Value

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

*

Denominator (if absolute number, enter "1")

*

Achievement

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

*

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING DY & DATE: DY6, 3/2/11

Expand Specialty Care Capacity

- * The yellow boxes indicate where the DPH system should input data
- The black boxes indicate Milestones and will automatically populate and flow to summary sheets
- The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Expand Specialty Care Capacity	
DY Total Computable Incentive Amount:	* \$ 8,358,450.00
Incentive Funding Already Received in DY:	* \$ -
Process Milestone: Develop a specialty care access plan <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	Yes
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
<div style="border: 1px solid black; padding: 5px; min-height: 60px;"> Referral processes, pt communication tools, payment mechanisms, and tracking systems have been developed. During enrollment, pts are provided with an overview of the program goals/objectives, program operations, and pt obligations. For specialty appointments, pt are preregistered by UCLA staff and assigned a medical record number. Once this occurs, pts can then be scheduled for their appts. At the time of the visit, pts are encountered using a program-specific financial class code which allows for visit-specific reimbursement. A tracking file is updated and shared with the team on a weekly basis, which is reviewed at least monthly to ensure accuracy. </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
<i>Achievement Value</i>	1.00
Process Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
<div style="border: 1px solid black; height: 60px;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*
<i>Achievement Value</i>	

DSRIP Semi-Annual Reporting Form

Expand Specialty Care Capacity

Process Milestone: _____ (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Process Milestone: _____ (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Process Milestone: _____ (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Expand Specialty Care Capacity

Improvement Milestone: _____ (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Improvement Milestone: _____ (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Improvement Milestone: _____ (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Expand Specialty Care Capacity

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>




DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING DY & DATE: DY6, 3/2/11

Expand Medical Homes

- *  The yellow boxes indicate where the DPH system should input data
-  The black boxes indicate Milestones and will automatically populate and flow to summary sheets
-  The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Expand Medical Homes	
DY Total Computable Incentive Amount:	* <input type="text" value="\$ 8,812,500.00"/>
Incentive Funding Already Received in DY:	* <input type="text" value="\$ -"/>
Process Milestone: Establish policies and procedures to enhance pediatric & adult pt access to medical home (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="Yes"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
<div><p>Policies and procedures for both the adult and pediatric medical home projects have been developed. The policies include performance standards regarding patient visit access for emergency, urgent, after hours, primary care, specialty care, and telephone access. Each practice will implement appointment reminders to reduce no show rates to less than 10%, will identify appropriate staff responsible for coordinating care during and after office visits, and will participate in a standardized patient experience survey with reporting at least twice annually.</p></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text" value="Yes"/>
Achievement Value	<input type="text" value="1.00"/>

Process Milestone: _____ (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
<div></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Expand Medical Homes

Process Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Process Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Process Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Expand Medical Homes

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Expand Medical Homes

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>




DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING DY & DATE: DY6, 3/2/11

Conduct Medication Management

- *  The yellow boxes indicate where the DPH system should input data
-  The black boxes indicate Milestones and will automatically populate and flow to summary sheets
-  The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Conduct Medication Management	
DY Total Computable Incentive Amount:	* \$ 2,996,250.00
Incentive Funding Already Received in DY:	* \$ -
Process Milestone: Develop written medication management program for patients with diabetes <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	Yes
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
<div style="border: 1px solid black; padding: 5px; min-height: 60px;">Workflow for providers and people processes and technologies have been documented. The point-of-care tools will include clinician alerts for medication initiation and/or intensification, targeting high blood pressure, elevated HbA1c, microalbuminuria, elevated LDL-cholesterol, and overdue preventive services during visits for pt with diabetes. The population includes all pts who are part of the adult medical home. Definitions for medication intensification include an increase in: dosage, addition of a new drug class prescribed for same indication, or a switch to a different drug class with same indication. Pts will be selected for one-on-one consultations with pharmacists.</div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
<i>Achievement Value</i>	1.00
Process Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
<div style="border: 1px solid black; height: 60px;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*
<i>Achievement Value</i>	

DSRIP Semi-Annual Reporting Form

Conduct Medication Management

Process Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Process Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Process Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Conduct Medication Management

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Conduct Medication Management

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING DY & DATE: DY6, 3/2/11

Implement/Expand Care Transitions Programs

- * The yellow boxes indicate where the DPH system should input data
- The black boxes indicate Milestones and will automatically populate and flow to summary sheets
- The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Implement/Expand Care Transitions Programs	
DY Total Computable Incentive Amount:	* \$ 5,816,250.00
Incentive Funding Already Received in DY:	* \$ -
<p>Process Milestone: Develop protocols for heart failure to communicate with pts during- and post-discharge. <i>(insert milestone)</i></p>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	Yes
<p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p>	
<div style="border: 1px solid black; padding: 5px;"> <p>Heart failure care transition protocols have been developed. Discharge activities have been revamped using approaches from the Transition Coach and Re-Engineering Discharge Programs. Pts are told by the discharge team to expect a follow-up call from a Centralized Call Center within 3 days of discharge to reinforce the discharge plan using a scripted interview. Pts then receive weekly phone calls during the 30-day period following discharge. After the 30-day period, staff follow-up with pts on a monthly basis up through six months post discharge. For patients at high risk of readmission, pts are provided with remote monitoring devices and receive instructions on their use.</p> </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
<i>Achievement Value</i>	1.00
<p>Process Milestone: _____ <i>(insert milestone)</i></p>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
<p>If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:</p>	
<div style="border: 1px solid black; height: 70px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*
<i>Achievement Value</i>	

DSRIP Semi-Annual Reporting Form

Implement/Expand Care Transitions Programs

Process Milestone: _____ (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Process Milestone: _____ (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Process Milestone: _____ (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Implement/Expand Care Transitions Programs

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

Improvement Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
<i>Achievement Value</i>	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Implement/Expand Care Transitions Programs

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

*

Denominator (if absolute number, enter "1")

*

Achievement

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

*

Achievement Value

Improvement Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

*

Denominator (if absolute number, enter "1")

*

Achievement

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

*

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING DY & DATE: DY6, 3/2/11

Severe Sepsis Detection and Management (required)

- * The yellow boxes indicate where the DPH system should input data
- The black boxes indicate Milestones and will automatically populate and flow to summary sheets
- The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Severe Sepsis Detection and Management	
DY Total Computable Incentive Amount:	* \$ 789,525.00
Incentive Funding Already Received in DY:	* \$ -
Compliance with Sepsis Resuscitation bundle (%)	
Numerator	*
Denominator	*
% Compliance	
DY Target (from the DPH system plan)	*
Achievement Value	
Sepsis Mortality (%)	
Numerator	*
Denominator	*
% Mortality	
DY Target (from the DPH system plan)	*
Achievement Value	
Optional Milestone: Develop baseline data on sepsis incidence and mortality <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	Yes
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
Baseline sepsis data has been calculated. As part of the Bay Area Patient Safety Collaborative (BEACON), for the period from July 2008 - December 2008, there were a total of 781 sepsis cases with 239 expirations (31%) . We now have the capacity to produce this data on a regular basis in order to take part in this project.	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value	1.00

DSRIP Semi-Annual Reporting Form

Severe Sepsis Detection and Management (required)

Optional Milestone: _____ (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Optional Milestone: _____ (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

Optional Milestone: _____ (insert milestone)	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	* <input type="text"/>
Denominator (if absolute number, enter "1")	* <input type="text"/>
Achievement	<input type="text" value="N/A"/>
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	* <input type="text"/>
<div></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* <input type="text"/>
Achievement Value	<input type="text"/>

DSRIP Semi-Annual Reporting Form

Severe Sepsis Detection and Management (required)

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

*

Denominator (if absolute number, enter "1")

*

Achievement

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

*

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

*

Denominator (if absolute number, enter "1")

*

Achievement

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

*

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING DY & DATE: DY6, 3/2/11

Central Line Associated Blood Stream Infection (CLABSI) (required)

- * The yellow boxes indicate where the DPH system should input data
- The black boxes indicate Milestones and will automatically populate and flow to summary sheets
- The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Central Line Associated Blood Stream Infection	
DY Total Computable Incentive Amount:	* \$ 789,525.00
Incentive Funding Already Received in DY:	* \$ -
Compliance with Central Line Insertion Practices (CLIP) (%)	
Numerator	*
Denominator	*
% Compliance	
DY Target (from the DPH system plan)	*
Achievement Value	
Central Line Bloodstream Infection (Rate per 1,000 discharges)	
Numerator	*
Denominator	*
Infection Rate	
DY Target (from the DPH system plan)	*
Achievement Value	
Optional Milestone: Produce baseline data for central line sepsis rates for all involved ICUs <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	Yes
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
Baseline data for central line ICU sepsis rates have been developed. Using data for the last three quarters of 2010, our rate is 1.48 infections per 1000 line days. We have the capacity to calculate this data in an ongoing fashion in order to participate in this project.	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
Achievement Value	1.00

DSRIP Semi-Annual Reporting Form

Central Line Associated Blood Stream Infection (CLABSI) (required)

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

*

Denominator (if absolute number, enter "1")

*

Achievement

N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

*

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

*

Denominator (if absolute number, enter "1")

*

Achievement

N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

*

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

*

Denominator (if absolute number, enter "1")

*

Achievement

N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

*

Achievement Value

DSRIP Semi-Annual Reporting Form

Central Line Associated Blood Stream Infection (CLABSI) (required)

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

*

Denominator (if absolute number, enter "1")

*

Achievement

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

*

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

*

Denominator (if absolute number, enter "1")

*

Achievement

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

*

Achievement Value

DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING DY & DATE: DY6, 3/2/11

Surgical Site Infection Prevention

- * The yellow boxes indicate where the DPH system should input data
- The black boxes indicate Milestones and will automatically populate and flow to summary sheets
- The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Surgical Site Infection Prevention	
DY Total Computable Incentive Amount:	* \$ 789,525.00
Incentive Funding Already Received in DY:	* \$ -
Rate of surgical site infection for Class 1 and 2 wounds (%)	
Numerator	*
Denominator	*
% Infection Rate	
DY Target (from the DPH system plan)	*
<i>Achievement Value</i>	
Optional Milestone: Develop comprehensive surgical site infection prevention plan. <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	Yes
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> A surgical site infection prevention plan has been developed including staffing, data collection, and reporting. The program will hire a Surgical Care Quality RN who will consult with leadership and CABG patients to assist them in the development of an SSI evaluation program to identify, resolve, and report opportunities to improve patient care related to surgical infections as well as actively decreasing surgical site infections. </div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
<i>Achievement Value</i>	1.00
Optional Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*
<i>Achievement Value</i>	

DSRIP Semi-Annual Reporting Form

Surgical Site Infection Prevention

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

*

Denominator (if absolute number, enter "1")

*

Achievement

N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

*

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

*

Denominator (if absolute number, enter "1")

*

Achievement

N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

*

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

*

Denominator (if absolute number, enter "1")

*

Achievement

N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

*

Achievement Value

DSRIP Semi-Annual Reporting Form

Surgical Site Infection Prevention

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

*

Denominator (if absolute number, enter "1")

*

Achievement

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

*

Achievement Value




DSRIP Semi-Annual Reporting Form

CA 1115 Waiver - Delivery System Reform Incentive Payments (DSRIP)

DPH SYSTEM: UCLA Health System

REPORTING DY & DATE: DY6, 3/2/11

Hospital-Acquired Pressure Ulcer Prevention

- *  The yellow boxes indicate where the DPH system should input data
-  The black boxes indicate Milestones and will automatically populate and flow to summary sheets
-  The blue boxes show progress made toward the Milestone ("Achievement Value") and will automatically populate and flow to summary sheets

Hospital-Acquired Pressure Ulcer Prevention	
DY Total Computable Incentive Amount:	* \$ 789,525.00
Incentive Funding Already Received in DY:	* \$ -
Prevalence of Stage II, III, IV or unstagable pressure ulcers (%)	
Numerator	*
Denominator	*
Prevalence (%)	
DY Target (from the DPH system plan)	*
<i>Achievement Value</i>	
Optional Milestone: Develop baseline data by measuring pressure ulcer prevalence. <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	Yes
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
<div style="border: 1px solid black; min-height: 40px;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	* Yes
<i>Achievement Value</i>	1.00
Optional Milestone: _____ <i>(insert milestone)</i>	
Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)	*
Denominator (if absolute number, enter "1")	*
Achievement	N/A
If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:	
<div style="border: 1px solid black; min-height: 60px;"></div>	
DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone	*
<i>Achievement Value</i>	

DSRIP Semi-Annual Reporting Form

Hospital-Acquired Pressure Ulcer Prevention

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

*

Denominator (if absolute number, enter "1")

*

Achievement

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

*

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

*

Denominator (if absolute number, enter "1")

*

Achievement

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

*

Achievement Value

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

*

Denominator (if absolute number, enter "1")

*

Achievement

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

*

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

*

Achievement Value

DSRIP Semi-Annual Reporting Form

Hospital-Acquired Pressure Ulcer Prevention

Optional Milestone: _____
(insert milestone)

Numerator (if N/A, use "yes/no" form below; if absolute number, enter here)

N/A

Denominator (if absolute number, enter "1")

N/A

Achievement

N/A

If "yes/no" as to whether the milestone has been achieved, select "yes" or "no" from the dropdown menu, and (if "yes") provide an in-depth description of how the milestone was achieved:

DY Target (from the DPH system plan) or enter "yes" if "yes/no" type of milestone

N/A

Achievement Value